

CABINET FOR HEALTH AND FAMILY SERVICES

Department for Public Health

Division of Maternal and and Child Health

(Amendment)

911 KAR 2:130. Kentucky Early Intervention Program assessment and service planning.

RELATES TO: KRS 200.660(6), 200.664, 34 C.F.R. 303.322, 303.340-303.346, 20 U.S.C. 1471-1476

STATUTORY AUTHORITY: KRS 194A.030(7), 194A.050, 200.660(7), 34 C.F.R. 303.500, 20 U.S.C. 1476, EO 2004-726

NECESSITY, FUNCTION AND CONFORMITY: EO 2004-726

KRS 250.660 requires the Cabinet for Health and Family Services to administer all funds appropriated to implement provisions of KRS 200.650 to 200.676, to enter into contracts with services providers, and to promulgate administrative regulations. This administrative regulation establishes the provisions of assessment and the Individualized Family Service Plans used in First Steps, Kentucky's Early Intervention Program.

Section 1. Assessment.

- (1) Assessment shall be the on going procedure used by personnel meeting the qualifications established in 911 KAR 2:150 throughout the period of a child's eligibility for First Steps. An assessment shall reflect:

- (a) The child's unique strengths and needs;
- (b) The service appropriate to meet the those needs;
- (c) The family's resources, priorities and concerns, which shall be:

- 1. Voluntary on the part of the family;
- 2. Family directed; and
- 3. Based on information provided by the family through personal

interview; and

(d) The supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

(2) Assessments shall be ecologically valid and reflect appropriate multisource and multimeasures. One (1) source or one (1) measure shall not be used as the sole criterion for determining an intervention program.

(a) Assessment methods shall include direct and indirect assessment and at least one (1) of the following:

- 1. Observations;
- 2. Interview and parent reports;

and

- 3. Behavioral checklist and inventories.

(b) Direct assessment shall include one (1) or more instruments:

1. That are appropriate for an infant or toddler and that allows for adaptations for a disability as needed; and

2. That are criterion-referenced, which compares the child's level of development with skills listed in chronological sequence of typical development.

(3) Every child determined eligible by an established risk shall have an initial assessment in all five (5) areas of development done by a qualified First Steps developmental evaluator in lieu of a primary level evaluation using a cabinet-approved criterion referenced instrument so that Individual Family Service Plan (IFSP) can be developed within forty-five (45) days after receipt of the referral to the First Steps system.

(4) Children without a diagnosed established risk condition shall receive an evaluation and assessment by the primary level evaluator in the five (5) developmental domains that will yield information for eligibility determination so that the IFSP can be developed within forty-five (45) days after receipt of the referral to the First Steps system.

(5) If, after the initial evaluation and assessments are completed, the IFSP team determines that a subsequent assessment is warranted the following shall be documented on the IFSP:

(a) The IFSP team has a documented concern that would necessitate another assessment;

(b) Why there is not a current provider on the IFSP team that can assess the area of concern; and

(c) What has changed in the child's ability or the family's capacity to address their child's developmental needs to warrant the subsequent assessment.

(6) A service coordinator shall obtain a physician's or ARNP's written approval in order to complete an assessment on a child deemed medically fragile. The approval

shall be specific as to the modifications needed to accommodate the child's medical status.

(7) A formal, direct assessment shall have a written report when done for initial assessment, annual or exit progress monitoring, or when authorized by the IFSP in accordance with Section 1(5) of this administrative regulation. This report shall include:

(a) A description of the assessment instruments used in accordance with subsection (2)(b) of this section;

(b) A description of the assessment activities and the information obtained, including information gathered from the family;

(c) Identifying information including:

1. The child's First Steps identification number;

2 The name of the child;

3 The child's age at the date of the assessment;

4 The name of the service provider and discipline;

5 The date of the assessment;

6 The setting of the assessment;

7 The state of health of the child during the assessment;

8 The parent's assessment of the child's performance in comparison to abilities demonstrated by the child in more familiar circumstances;

9 The medical diagnosis if the child has an established risk condition;

10 The formal and informal instruments and assessment

methods and activities used; and

11 Who was present at the assessment.

(d) A profile of the child's level of performance, in a narrative form which shall indicate:

1. Concerns and priorities;
2. Child's unique strengths, needs, and preferences;
3. Skills achieved since last report, if applicable;
4. Current and emerging skills, including skills performed

independently and with assistance; and

5. Recommended direction of future service delivery;

(e) Program plan recommendations that address the family's priorities as well as the child's holistic needs based on the review of pertinent medical, social, and developmental information, and the evaluation, and the assessment.

(8) A copy of the cabinet-approved criterion referenced assessment protocol shall be submitted electronically within ten (10) working days.

(9) (a) The initial assessment, other formal assessments, and their resulting report shall be completed and recorded in the child's record on the statewide data system within ten (10) working days of the provider receiving the referral from the POE staff.

(b) The provider who performed the assessment shall:

1. Verbally share the assessment report with the family and shall document the contact in the assessor's notes;

2. Provide the written report to the family within the time frame established in paragraph (a) of this subsection; and

3. Write the report in family-appropriate language that the child's family can easily understand.

(c) If the time frame established in paragraph (a) of this subsection is not met due to illness of the child or a request by the parent, the assessor shall document the delay circumstances in [his] staff notes with supportive documentation made in the child's record by the service coordinator, and the report shall be provided to the service coordinator within five (5) calendar days of completing the assessment.

(10) A child enrolled in First Steps shall receive an assessment as an integral part of service delivery.

(a) Assessment shall be ongoing in the First Steps Program to ensure concerns and strategies are focused to meet the child and family's current needs. An assessment provided as a general practice of a discipline, not due to the child or family's needs, shall be considered early intervention, not an assessment.

(b) Ongoing assessment shall ensure that the IFSP and services are flexible and accessible.

(11) Ten (10) calendar days prior to either the annual or six (6) month review of the IFSP or the expiration date of the IFSP, a service provider shall supply progress reports to the service coordinator and family.

(12)(a) Pursuant to KRS 200.664, annual redetermination of eligibility must determine the effectiveness of service provided to the child.

(b) Each annual redetermination of eligibility shall measure progress by an

assessment in all five (5) developmental domains by the Primary Service Provider (PSP) using a cabinet-approved criterion referenced instrument.

(13)(a) Within 120 days prior to exiting the First Steps program at age three (3), children shall receive an assessment in all five (5) developmental domains by the Primary Service Provider (PSP) or another designated provider using a cabinet-approved criterion referenced instrument.

(b) The assessment used for annual redetermination of eligibility may be used to meet this requirement as long as it is completed within 120 days prior to the child's exit from the First Steps program.

Section 2. Individualized Family Service Plan (IFSP)

(1) The IFSP shall be a contract between the family and service providers. A service included on the IFSP shall be provided as authorized, unless the family chooses not to receive the service.

(2) The First Steps IFSP shall be completed according to instructions and shall include:

(a) Appropriate evaluation and assessment reports in accordance with 911 KAR 2:120, Section 1;

(b) A statement of the specific early intervention services, based on scientifically based research, to the extent practicable, necessary to meet the unique needs of the child and the family to achieve the outcomes identified, including the frequency, intensity and method of delivering the services;

(c) Service delivery settings; and

(d) Approval by the IFSP team members that shall

be noted as part of the IFSP Participant Detail.

(3)(a) An authorized IFSP shall be valid for a period not to exceed six (6) months in length. An amendment that occurs to the IFSP shall be valid for the remaining period of the plan.

(b) Parents must give written consent for early intervention services by signing the IFSP.

1. If a family chooses not to receive a service included on the IFSP, they may decline that service without jeopardizing other early intervention services;

2. The service coordinator shall document the circumstances of refusal on the IFSP.

(c) If the family or service provider is unable to keep the scheduled appointment due to illness or any other reason, the service provider shall document the circumstances in his/her staff note.

(4) The following shall be adhered to in the development and implementation of the IFSP. IFSP team members shall:

(a) Provide a family-centered approach to early intervention;

(b) Honor the racial, ethnic, cultural, and socioeconomic diversity of families;

(c) Show respect for and acceptance of the diversity of family centered early intervention;

(d) Allow families to choose the level and nature of their involvement in early intervention services;

(e) Facilitate and promote family and professional collaboration and partnerships,

which are the keys to family-centered early intervention and to successful implementation of the IFSP process;

(f) Plan and implement the IFSP using a team approach;

(g) Reexamine their traditional roles and practices and develop new practices as appropriate that promote mutual respect and partnerships which may include a transdisciplinary approach;

(h) Ensure that First Steps services are flexible, accessible, based on peer-reviewed research, to the extent practicable, and are necessary to meet the unique needs of the child and family to achieve the outcomes identified, including the frequency, intensity, and method of delivery of the services; and

(i) Ensure that families have access and knowledge of services that shall:

1. Be provided in as normal a fashion and environment as possible;
2. Promote the integration of the child and family within the community;
3. Be embedded in the family's normal routines and activities; and
4. Be conducted in the family's natural environment, if possible, and in a way that services promote integration into a community setting which includes children without disabilities.

(5) For a child who has been evaluated for the first time and determined eligible in accordance with 911 KAR 2:120, a meeting to develop the initial IFSP shall be conducted within forty-five (45) days after the point of entry receive the referral.

(6) The IFSP shall be reviewed for a child and the child's family by convening a meeting at least every six (6) months. An IFSP team meeting shall be convened more frequently if:

- (a) The family and a team member requests a periodic IFSP review meeting;
- (b) An early intervention service is added or increased.

(7) The IFSP shall include:

- (a)1. A summary of the family rights handbook;
- 2. A signed statement of assurances by the family; and
- 3. A statement signed by the parent that complies with KRS 200.664(6);
- (b) Information about the child's present level of developmental functioning.

information shall cover the following domains:

- 1. Physical development that includes fine and gross motor skills, vision, hearing, and general health status;
- 2. Cognitive development that includes skills related to a child's mental development and includes basic sensorimotor skills, as well as preacademic skills;
- 3. Communication development that includes skills related to exchanging information or feelings, including receptive and expressive communication and communication with peers and adults;
- 4. Social and emotional development that includes skills related to the ability of infants and toddlers to successfully and appropriately select and carry out their interpersonal goals.
- 5. Adaptive development that includes self-help skills and the ability of the child's sensory systems to integrate successfully for independent functions.

(c) Performance levels to determine strengths, which can be used to enhance functional skills in daily routines when planning instructional strategies

to teach skills;

(d) A description of:

1. Underlying factors that may affect the child's development including, if present, the established risk condition; and

2. What motivates the child, as determined on the basis of observation in appropriate natural settings, during child interaction and through parent report;

(e) With concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing the development of the child;

(f) A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and time lines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or service are necessary. Outcome statements shall:

1. Be functionally stated;

2. Be representative of the family's own priorities;

3. Fit naturally into the family's routines or schedules;

4. Reflect the use of the family's own resources and social support network; and

5. Be flexible to meet the child and family's needs in expanded current and possible future environments; and

(g)1. The specific First Steps services necessary to meet the unique

needs of the child and family to achieve the outcomes. Service documentation shall be stated in frequency, intensity, duration, location and method of delivering services, and shall include payment arrangements, if any;

2. With the exception of group intervention, and unless prior authorization is granted in accordance with 911 KAR 2:200, Section 4, based on individual needs of the child, the frequency and intensity for early intervention for each child shall not exceed one (1) hour per discipline per day for the following disciplines:

- a. Audiologist;
- b. RN or LPN;
- c. Nutritionist or dietician;
- d. Occupational therapist or occupational therapy assistant;
- e. Orientation and mobility specialist;
- f. Physician;
- g. Physical therapist or physical therapist assistant;
- h. Psychologist, Psychological Practitioner, psychological associate, family therapist, [or] licensed social worker, or Licensed Professional Clinical Counselor;
- i. Speech language pathologist;
- j. Vision Specialist including teacher of the visually impaired, Optometrist, and Ophthalmologist;
- k. Teacher of the deaf and hard of hearing; or
- l. Developmental interventionist;

3. a. A description of the natural environment, which includes natural settings and service delivery systems, in which the early intervention service is to be provided;

b. How the skills shall be transferred to a caregiver so that the caregiver can incorporate the strategies and activities into the child's natural environment; and

c. How the child's services may be integrated into a setting in which other children without disabilities participate; and

4. If the service cannot be provided in a natural environment, the IFSP shall be documented with the reason, including:

a. Why the early intervention cannot be achieved satisfactorily in a natural environment;

b. How the service is supported by peer reviewed research describing it's efficacy in zero to three populations;

c. How the service provided in this location or using this approach will carry over to support the child's ability to function in his natural environment; and

d. A timeline as to when the service might be expected to be returned to a natural environment approach.

(h) The projected dates of initiation of the services and the anticipated length, duration, and frequency of those services;

(i) Other services that the child needs, such as medical services or housing for the family, that are not early intervention services. The funding sources and provider to be used for those services or the steps that will be taken to secure those services through public or private resources shall be identified;

(j) The name of the service coordinator representing the child's or family's needs and the primary service provider. The service coordinator shall be responsible for assuring the implementation of the IFSP and coordination with

other providers and persons in accordance with 911 KAR 2:140, Section 1(6);

(k) 1. The steps to be taken to support the transition of the child to preschool service provided by the public educational agency, to the extent that those services are considered appropriate, or to other services that may be available, if appropriate.

2. The transition conference shall be held to review program options for the child at age three (3) in accordance with subsection nine (9) of this section.

(l) Documentation substantiating the following if the child is being provided group intervention:

1. If the child is enrolled in day care or attending a group during normal routines, why the early intervention cannot be provided in the child's current group setting; and

2. Early intervention during group shall be directly related to the child's individualized strategies and activities as identified on the IFSP.

(8) (a) The service coordinator shall obtain written approval or verified verbal approval of the IFSP from team members and shall document the means of obtaining that approval on the IFSP. The team members shall document that contact and approval in their staff notes. The contact and approval shall occur if:

1. A child is discharged from:

- a. A service due to achieving developmental milestones in that area; or
- b. The First Steps Program;

2. A service provider recommends a decrease in the frequency, intensity or duration of the service provided by that service provider;

3. The frequency of a service increases but not the number of units, such as changing from once a week for one (1) hour to twice a week for thirty (30) minutes;

4. A member of the IFSP team determines that an additional assessment is needed and the criteria in Section 1(5) is met;

5. The family requests transportation services;

6.a. A service provider is being replaced;

b. The replacement provider does not change the outcomes identified on the current IFSP; and

c. The family agrees; or

7. An assistive technology device is ordered after an IFSP meeting was held at which the team members agreed that a specific assistive technology device was necessary.

(b) The family shall be given prior written notice of any changes to the IFSP.

(9)[(8)](a) With the approval of the family, the service coordinator shall arrange a conference to discuss the transition of the family from the program.

(b)The service coordinator shall chair this meeting and complete the transition page in the child's First Steps data system record.

(c) The conference shall be conducted at least ninety (90) day and up to nine (9) months before the child's third birthday and shall include:

1. The family;

2. A representative of the local education agency and representative of other potential settings;

3. The service coordinator as a representative of the First Steps Program;

4. Others identified by the family; including potential service agencies; and

5. Current service providers.

(10) If the IFSP team determines that an early intervention service shall be provided using a transdisciplinary team approach, the IFSP, provider notes, and progress documentation shall include:

- (a) Which disciplines are providing the therapy using this approach;
- (b) Evidence of transdisciplinary planning and practice, including documentation of how role-release is occurring;
- (c) How the skills are being transferred so that one (1) provider is capable of providing the services previously provided by the team;
- (d) That the service is individualized to the particular family and child's needs; and

(e) If more than one (1) provider is present and providing early intervention services at the same time using a co-treatment approach:

- 1. Why this approach is being used;
- 2. The outcomes and activities;
- 3. Who is performing what activities; and
- 4. That the service providers involved are providing or learning about the early intervention at the same time.

(11) The family shall be encouraged to discuss their child's activities, strengths, and likes and dislikes exhibited at home;

(12) The IFSP shall highlight the child's abilities and strengths, rather than focusing just on the child's deficits.

(13) Every attempt shall be made to explain the child assessment process by using language the family uses and understands.

(14) The family may agree, disagree, or refute the assessment information.

(15) The family's interpretation and perception of the assessment results shall be ascertained and the family's wishes and desires shall be documented as appropriate.

(16) If an agency or professional not participating on the IFSP team but active in the child's life makes a recommendation for an early intervention service, it shall not be provided as a First Steps service unless the IFSP team considers the recommendation, determines that it relates to a chosen outcome and family priority, and agrees that it is a necessary service.

Section 3. Incorporation by Reference.

(1) The "First Steps Individualized Family Service Plan (IFSP)", January 2005 edition, is incorporated by reference.

(2) The "IFSP Extension Request form RF 11", January 2009 edition is incorporated by reference.

(3) The "IFSP Extension Request for RF11A, January 2009 edition is incorporated by reference.

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